

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-575)							SERIAL NO. 10-069574		FILING DATE		
							APPLICANT(S)				
							CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	/		/		/		51				
2		/		/		/	52				
3		/		/		/	53				
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48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

PTO-1350 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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